

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND 10/526731												
1 Date of Request: _____		2 Serial/Patent # _____										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$								
10 REASON:		8 TO BE REFUNDED BY:										
	Overpayment	Treasury Check										
	Duplicate Payment	Credit Deposit A/C #:										
	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: _____		TITLE: _____										
SIGNATURE: _____		Adjustment Date: 8/7/27/2005 PKIDWELL 03/18/2005 LLANDGRA 00000053 022334 10526 31 02-70-1002 500.00 CR										
OFFICE: _____												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: _____		DATE: _____										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**